

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # G51696

1. Entity Name
BOYER & SONS SERVICE CORPORATION



Principal Place of Business

Mailing Address

9315 N 46TH STREET
TAMPA, FL 33617

9315 N 46TH STREET
TAMPA, FL 33617

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08202008

Chg-P

CR2E034 (12/06)

4. FEI Number

59-2338045

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOYER, THOMAS J.
9315 N 46TH STREET
TAMPA, FL 33617

Name Boyer, Richard L.

Street Address (P.O. Box Number is Not Acceptable)
716 Flame Tree Road

City Tampa

FL

Zip Code
33619

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Thomas J. Boyer

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

8-26-08

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BOYER, THOMAS J. ☒ Delete
STREET ADDRESS 9315 N 46TH STREET
CITY-ST-ZIP TAMPA, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 900135281399
CITY-ST-ZIP 09/03/08--01005--023 **\$61.25

TITLE President ☐ Change ☒ Addition
NAME Boyer, Richard L.
STREET ADDRESS 716 Flame Tree Road
CITY-ST-ZIP Tampa, FL 33619

TITLE VP, Secretary, Treasurer ☐ Change ☒ Addition
NAME Boyer, Jonea C.
STREET ADDRESS 716 Flame Tree Road
CITY-ST-ZIP Tampa, FL 33619

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas J. Boyer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-26-08 813-988-3430

Date

Daytime Phone #

FILED

08 AUG 28 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



ORIGINAL

8/28/08